

Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER Sylvia's Adult Home | LICENSE NUMBER 667900 |
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

Sylvia's Adult Home is where experienced and professional care is offered 24 hours a day in the heart of Coupeville's Historic District. It is close to the water front, shopping, doctors, dentists, and Whidbey General Hospital. We have accommodations for residents with disabilities. For those with limited mobility it is designed inside and out for wheelchairs and powerchairs. Our residents are family and as such our concern is for their well-being, comfort, and happiness.

2. INITIAL LICENSING DATE

04/01/2004

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

**707 Gould St
Coupeville, WA 98239**

5. OWNERSHIP

- ☒ Sole proprietor
☐ Limited Liability Corporation
☐ Co-owned by:
☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

Assistance where required, with exception of feeding tube.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

Every two hours assistance as need or changing. Catheter care, but not placement.

3. WALKING

If needed, the home may provide assistance with walking as follows:

Assistance as need with cane or walker, stability bars in bathroom.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

Per doctors orders, standing hooyer and regular hooyer lift on site.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

Position is changed every two hours from side to side; as well as professionals orders.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

Assistance as needed.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Assistance as needed.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

Assistance as needed with showering, bed baths are also availible.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Bathing is given at least twice a week unless requested by resident otherwise, nail care is provided as needed, dependent on the patients diagnosis

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

Assistance is available if needed. Delegation is available.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication delegations must be done by an approved DSHS delegator.

| Skilled Nursing Services and Nurse Delegation |
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| If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405) |
| The home provides the following skilled nursing services: N/A |
| The home has the ability to provide the following skilled nursing services by delegation: We can provide any skills that can be delegated. |
| ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION N/A |
| Specialty Care Designations |
| We have completed DSHS approved training for the following specialty care designations: <input checked="" type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia |
| ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS Sylvia's Adult Home is the only home on the Island that has all three designations. |
| Staffing |
| The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040) <input type="checkbox"/> The provider lives in the home. <input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input checked="" type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home. |
| The normal staffing levels for the home are: <input type="checkbox"/> Registered nurse, days and times: <u>N/A</u> <input type="checkbox"/> Licensed practical nurse, days and times: <u>N/A</u> <input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>24/7</u> <input checked="" type="checkbox"/> Awake staff at night <input type="checkbox"/> Other: <u>N/A</u> |
| ADDITIONAL COMMENTS REGARDING STAFFING N/A |
| Cultural or Language Access |
| The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections) |
| The home is particularly focused on residents with the following background and/or languages: None, we accept all backgrounds and languages. |
| ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS The only languages that are spoken in the home are English and Tagalog. |

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

Owners discretion

ADDITIONAL COMMENTS REGARDING MEDICAID

Private pay is also accepted.

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Residents can choose from many activities to keep them alert and fit.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

N/A

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

Olympia, WA 98504-5600